

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF Northern District of California

**Form 1. Notice of Appeal from a Judgment or Order of a
United States District Court**

U.S. District Court case number: 4:25-cv-04966-HSG

Notice is hereby given that the appellant(s) listed below hereby appeal(s) to the United States Court of Appeals for the Ninth Circuit.

Date case was first filed in U.S. District Court: 06/12/2025

Date of judgment or order you are appealing: 12/02/2025

Docket entry number of judgment or order you are appealing: 182

Fee paid for appeal? (*appeal fees are paid at the U.S. District Court*)

☒ Yes ☐ No ☐ IFP was granted by U.S. District Court

List all Appellants (*List each party filing the appeal. Do not use "et al." or other abbreviations.*)

Western States Trucking Association, Inc.
Construction Industry Air Quality Coalition, Inc.

Is this a cross-appeal? ☐ Yes ☒ No

If yes, what is the first appeal case number?

Was there a previous appeal in this case? ☐ Yes ☒ No

If yes, what is the prior appeal case number?

Your mailing address (if pro se):

City:

State:

Zip Code:

Prisoner Inmate or A Number (if applicable):

Signature

/s/Theodore Hadzi-Antich

Date

Dec 18, 2025

Complete and file with the attached representation statement in the U.S. District Court

Feedback or questions about this form? Email us at forms@ca9.uscourts.gov

**UNITED STATES COURT OF APPEALS
FOR THE NINTH CIRCUIT**

Form 6. Representation Statement

Instructions for this form: <http://www.ca9.uscourts.gov/forms/form06instructions.pdf>

Appellant(s) (List *each* party filing the appeal, do not use “et al.” or other abbreviations.)

Name(s) of party/parties:

Western States Trucking Association, Inc.
Construction Industry Air Quality Coalition, Inc.

Name(s) of counsel (if any):

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Is counsel registered for Electronic Filing in the 9th Circuit? ☒ Yes ☐ No

Appellee(s) (List only the names of parties and counsel who will oppose you on appeal. List separately represented parties separately.)

Name(s) of party/parties:

State of California, State of Colorado, State of Delaware, Commonwealth of Massachusetts, State of New Jersey, State of New Mexico, State of New York, State of Oregon, State of Rhode Island, State of Vermont, State of Washington

Name(s) of counsel (if any):

see attached

Address:

Telephone number(s):

Email(s):

To list additional parties and/or counsel, use next page.

Feedback or questions about this form? Email us at forms@ca9.uscourts.gov

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